

COVID-19 (CORONAVIRUS) SCREENING AND RESPONSE PLAN

UPDATED 04/14/2020

The South Carolina Department of Juvenile Justice is doing all it can to limit the transmission of COVID-19 within the agency's secured facilities, county offices, and alternative placement sites. In accordance with Governor Henry McMaster's Executive Orders, recommendations from federal and state health officials, and the leadership of DJJ Executive Director Freddie B. Pough, SCDJJ has developed the following Response Plan to take action against this health threat by implementing all possible social distancing practices, health screenings, and sanitization and hygiene habits to minimize the spread of COVID-19.

1 SCREENING OF JUVENILES AT INTAKE

- a. Per existing Policy, all juveniles will receive a medical/mental health screening upon intake/admission to any SCDJJ secure facility. In addition, facility intake staff will complete the COVID-19 Supplemental Screening Form.
- b. In addition to screening questions, intake staff are required to take juvenile temperatures, and annotate this temperature on the screening form. The intake staff will also observe for other COVID-19 symptoms such as cough or shortness of breath.
- c. Any juvenile with a screening temperature over 100 degrees Fahrenheit will be given a surgical mask to wear, immediately separated from other juveniles, and brought to medical for further assessment. If medical staff is not present at the time of intake, staff will call the nurse at Willow Lane Infirmary for further guidance.
- d. No juvenile with fever or other COVID-19 symptoms will be placed in a housing unit until cleared by medical.
- e. JDC intake staff reserve the right to refuse admission of any juvenile that is severely ill, and require law enforcement staff to bring the juvenile to a local hospital to be assessed and medically cleared before admission to the facility.
- f. Medical staff will conduct a daily assessment and temperature check on newly arrived juveniles for 7 days following their day of arrival.

2 SCREENING OF JUVENILES PRIOR TO TRANSFER/RELEASE

- a. For all planned juvenile releases and transfers, medical staff will conduct a COVID-19 assessment prior to the juvenile leaving the facility. This assessment will be recorded in the juvenile's Electronic Health Record
- b. If the juvenile has a temperature above 100 degrees F, or is displaying other COVID-19 symptoms at the time of discharge / transfer, will receive further assessment as described in Paragraph 3 below.
- c. Juveniles placed in medical isolation for suspected COVID-19 will not be transferred or released until medically cleared, unless there is a legal mandate to do so. Please see Paragraph 7 for further details.

3 PROCEDURES FOR FURTHER ASSESSMENT

- a. Any juvenile sick call with symptoms consistent with COVID-19 (fever, cough, shortness of breath) will be considered an URGENT sick call, and the juvenile will be brought immediately to the facility dispensary for assessment by the nurse. If a nurse isn't present at the time of the complaint, the juvenile will be separated from other juveniles, given a surgical mask to wear, and staff will call Willow Lane Infirmary for additional guidance.
- b. Nursing staff will assess any juvenile with fever and other COVID-19 symptoms. This assessment will include vital signs, assessment of symptoms, and questions about any potential exposure to other individuals with known or suspected COVID-19 infection.
- c. If any juveniles have a fever along with other flu-like symptoms, the nurse will contact the Medical Director or provider on call for further instructions.

4 USE OF MEDICAL ISOLATION

- a. If a juvenile has been determined by medical staff to have symptoms of COVID-19: they will be issued a surgical face mask (if this has not been done already), and placed in medical isolation apart from other individuals. The facility will make every effort to place the individual in a single room, and minimize the juvenile's movement outside of the room.
- b. Facility medical staff will immediately notify the Health Services Administrator and Administrator of Nursing, by phone or email, of any juvenile being placed in medical isolation.
- c. If needs for medical isolation exceed the capacity at a given facility, juveniles can be isolated by group (cohort) within a unit as a last resort. If this is done, it is imperative to isolate any confirmed COVID-19 cases from juveniles that are suspected (not confirmed) COVID-19 cases.
- d. Any staff who is required to enter the room of a juvenile in medical isolation will be required to wear the appropriate PPE per guidelines contained in Appendix B.

- e. While a juvenile is in medical isolation, they are still required to receive essential services, such as medical care, social work services, and other programming. Staff will plan for activities that can be accomplished without the juvenile leaving their room.
- f. Once in medical isolation, juveniles will remain in medical isolation until cleared by a physician's order.

5 USE OF QUARANTINE

- a. If a juvenile has had close contact with a known or suspected COVID-19 case, he/she will be placed in a quarantine status. This can be done on an individual basis (preferred), or as a cohort (group) based on the capabilities of the facility.
- b. When an area is quarantined, there will be minimum of people entering and exiting the quarantined area. Those staff who must enter the quarantined area will wear appropriate PPE (surgical mask and gloves), and all individuals will practice social distancing within the quarantined unit.
- c. While under quarantine, all services that can be performed in the unit will be done in the unit, such as education, feeding, recreation, etc. If the quarantined group needs to be moved to another area of the facility, every effort will be made to limit any exposure to other juveniles and staff, and any area used by the quarantined area must be sanitized before use by any other individuals.
- d. Once under quarantine status, juveniles will remain under quarantine until:
 - i. They become symptomatic, and are placed in medical isolation
 - ii. They are medically cleared from quarantine by physician's order

6 LIMITATIONS IN JUVENILE MOVEMENT

- a. Transfers of juveniles between facilities will be limited only to those that are deemed essential.
- b. Non-essential medical appointments (dental, physical therapy, etc.) will be postponed until movement restrictions are lifted.
- c. Juveniles will move and conduct activities only with their assigned living unit. Daily activity schedules will minimize any interaction between juveniles in different living units.
- d. Weather permitting, recreational activities will be conducted outdoors, in order to allow proper social distancing.
- e. The use of remote delivery of services (by video) will occur whenever it is feasible.

7 RELEASE OR TRANSFER OF JUVENILES

- a. Juveniles placed on medical isolation will not be released or transferred until medically cleared. There are some legal exceptions to this guidance, to include:
 - i. Juveniles who have completed their sentence, paroled, or otherwise released from DJJ commitment are legally required to be released from custody. In these cases, medical staff would notify all staff involved in the release, as well as the parent/guardian, of the juvenile's medical condition, so that medical isolation / self-quarantine can continue. Medical staff will also provide the juvenile and parent / guardian information about local resources for COVID-19 testing and medical care.
 - ii. Juveniles scheduled for transfer to SCDC will be evaluated on a case by case basis, depending on their age and specific situation. In these cases, facility staff should consult with Classifications and DJJ legal Counsel in order to determine the appropriate course of action.
- b. Juveniles currently on quarantine status (but not symptomatic) will be released as scheduled. Juveniles will be told to continue their self-quarantine at their new location, for the remainder of the specified period. In addition, juveniles and parents/guardians will be provided information on how to self-monitor for symptoms, as well as information on how to access local resources for testing and treatment.

8 PERSONAL PROTECTIVE EQUIPMENT (PPE) GUIDELINES

- a. Juveniles with fever and other symptoms will be given a surgical mask to wear while in common areas, or during transportation.
- b. Staff will refer to Appendix B of this plan to determine the appropriate level of PPE for a given task.
- c. N95 masks (or acceptable substitute products such as KN95 masks) will be centrally controlled at a facility level, and issued only to staff that need one per Appendix B.
- d. Each facility will use a N95 / KN95 issue log (Appendix C) to keep track of KN95 mask issue. When the facility needs a resupply of masks, they will email this request to EmployeeHealth@djj.sc.gov, and attach a completed copy of Appendix C to account for the usage of masks.
- e. Once issued, staff will follow guidelines in Appendix C regarding the disposal and potential reuse of PPE.
- f. Staff will limit direct contact with any known or suspected COVID-19 patients to essential activities and support.
- g. Supplies of surgical masks and other PPE are in short supply nationwide. Staff and juveniles will not be issued surgical masks unless they meet one of the criteria listed in Appendix B.

SCREENING OF PERSONNEL WORKING AT SECURED FACILITIES (PENDING AVAILABILITY OF EQUIPMENT)

- a. All Employees, contractors and other personnel working at or entering a hardware secured facility will be screened for body temperature at the point of entry to the facility, which will be done using touchless (infrared) temperature sensors. All persons entering a secure facility also will cooperate with a COVID-19 screening questionnaire. Facility Administrators will designate staff to perform these screenings.
- b. Persons who claim to be experience any COVID-19 related symptoms, or whose screening temperature exceeds 100 degrees Fahrenheit will be denied entrance to the facility, and they will be directed to seek further medical evaluation and treatment.
- c. If medical staff are on site at the time of screening, they will re-screen the employee within a reasonable time (30-45 minutes), using an oral thermometer. If the employee's oral temperature is below 100 degrees F, and the employee has no other symptoms, medical staff will clear them for entrance to the facility. Otherwise, they will not be allowed entrance to the facility.
- d. If the initial screening from security staff was done using an oral thermometer (and was over 100 degrees F), then no rescreening is required. The employee will not be allowed entrance to the facility.
- e. If medical staff are not able to re-screen the employee within a reasonable time (30-45 minutes), then the employee will be denied entrance to the facility based on the IR temperature.
- f. Employees who are denied entrance to the facility will contact their supervisor immediately.
- g. Employees who have had close contact with a confirmed case of COVID-19 will be required to wear a surgical mask when on duty, and monitor themselves for 14 days following the date of exposure.

REPORTING OF KNOWN OR SUSPECTED COVID-19 CASES FOR EMPLOYEES

- a. Employees who experience a fever or other COVID-19 symptoms are required to stay home from work, and also notify their supervisor of their symptoms.
- b. Supervisors are required to report employee absences related to COVID-19 symptoms to the DJJ Employee Health Office, at 803-896-6921, or at EmployeeHealth@djj.sc.gov
- c. While reporting, requested information will include
 - i. Employee's name
 - ii. Employee's work location
 - iii. Date of Onset of COVID-19 symptoms
 - iv. Last day at work
 - v. Whether or not the employee was tested for COVID-19
 - vi. Results of COVID-19 test (if taken)
- d. DJJ Employee Health will keep track of cases, in order to provide Senior/Executive management informed about known / potential employee cases by facility. Employee Health Staff will also contact employees and supervisors as needed to obtain updates on testing status.

11 GUIDELINES FOR EMPLOYEES

- a. Entrance to DJJ secured facilities should be limited to those in a direct care role (JCOs, medical staff, clinical staff), as well as those employees with critical support functions that must be done at the facility. To the greatest extent possible, employees with support functions that can be performed outside of the secured facility should be relocated to alternate locations (such as Central Office), or be permitted to telework.
- b. Employees should follow CDC guidelines for cleaning and disinfecting all areas within their facilities, especially those where known or suspected COVID-19 cases have spent time. These guidelines can be found in an Attachment A of this document, and also on the CDC website at:
<https://www.cdc.gov/coronavirus/2019-ncov/prepare/disinfecting-building-facility.html>
- c. On BRRC, entry to facilities where juveniles are housed or where services are provided (such as the Infirmary or School) should also be limited to those staff with a need to be there. Other employees on BRRC should be limited to performing duties within their specific work location.
- d. Employees who are displaying any symptoms (fever, cough, difficulty breathing) are recommended to stay home and not come to work until cleared to do so by their medical provider.
- e. Employees who have had close contact with a person with confirmed or suspected COVID-19 infection should closely monitor themselves for symptoms for 14 days following exposure. This monitoring includes temperature and symptom checks twice daily. If the situation permits, employees should avoid direct contact with the juvenile population during this time. If this is not possible, then the employee should wear a surgical mask while in the facility. Close contact is defined as:
 - i. Being in close proximity with the infected individual for an extended period of time (such as living in the same house, sharing a vehicle, or room)
 - ii. Having direct contact with infectious secretions of a COVID-19 case (such as being coughed or sneezed on)
- f. Employees are encouraged to practice social distancing at both home and work, avoid large gatherings, and conduct work and meetings remotely when possible.

APPENDIX A TO SCDJJ COVID-19 RESPONSE PLAN

GUIDANCE FOR CLEANING AND DISINFECTING FACILITIES, UPDATED 4/1/2020

Reference: “Cleaning and Disinfecting your Facility” Centers for Disease Control and Prevention, updated 3/27/2020, <https://www.cdc.gov/coronavirus/2019-ncov/prepare/disinfecting-building-facility.html>

1. Cleaning Spaces where COVID-19 Cases Spent Time

- **Thoroughly clean and disinfect all areas where the confirmed or suspected COVID-19 case spent time. Note – these protocols apply to suspected cases as well as confirmed cases, to ensure adequate disinfection in the event that the suspected case does, in fact, have COVID-19. Refer to the [Definitions](#) section for the distinction between confirmed and suspected cases.**
 - o Close off areas used by the infected individual. If possible, open outside doors and windows to increase air circulation in the area. Wait as long as practical, up to 24 hours under the poorest air exchange conditions, before beginning to clean and disinfect, to minimize potential for exposure to respiratory droplets.
 - o Clean and disinfect all areas (e.g., cells, bathrooms, and common areas) used by the infected individual, focusing especially on frequently touched surfaces
- **Hard (non-porous) surface cleaning and disinfection**
 - o If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
 - o For disinfection, most common EPA-registered household disinfectants should be effective. Choose cleaning products based on security requirements within the facility.
 - Follow the manufacturer’s instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).
 - Diluted household bleach solutions can be used if appropriate for the surface. Follow the manufacturer’s instructions for application and proper ventilation, and check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted. Prepare a bleach solution by mixing:
 - 5 tablespoons (1/3rd cup) bleach per gallon of water or
 - 4 teaspoons bleach per quart of water
- **Soft (porous) surface cleaning and disinfection**
 - o For soft (porous) surfaces such as carpeted floors and rugs, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces. After cleaning:

- If the items can be laundered, launder items in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items and then dry items completely.
- Otherwise, use products that are suitable for porous surfaces.

- **Electronics cleaning and disinfection**

- o For electronics such as tablets, touch screens, keyboards, and remote controls, remove visible contamination if present.
 - Follow the manufacturer's instructions for all cleaning and disinfection products.
 - Consider use of wipeable covers for electronics.
 - If no manufacturer guidance is available, consider the use of alcohol-based wipes or spray containing at least 70% alcohol to disinfect touch screens. Dry surfaces thoroughly to avoid pooling of liquids.

Additional information on cleaning and disinfection of communal facilities such can be found on [CDC's website](#).

2. Ensure that staff and incarcerated/detained persons performing cleaning wear recommended PPE.

- **Food service items.** Cases under medical isolation should throw disposable food service items in the trash in their medical isolation room. Non-disposable food service items should be handled with gloves and washed with hot water or in a dishwasher. Individuals handling used food service items should clean their hands after removing gloves.

3. **Laundry from a COVID-19 cases can be washed with other individuals' laundry.**

- Individuals handling laundry from COVID-19 cases should wear disposable gloves, discard after each use, and clean their hands after.
- Do not shake dirty laundry. This will minimize the possibility of dispersing virus through the air.
- Launder items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely.
- Clean and disinfect clothes hampers according to guidance above for surfaces. If permissible, consider using a bag liner that is either disposable or can be laundered.

4. **The transport vehicles should be thoroughly cleaned after carrying a confirmed or suspected COVID-19 case using the above cleaning guidelines.**

APPENDIX B TO SCDJJ COVID-19 RESPONSE PLAN

PERSONAL PROTECTIVE EQUIPMENT (PPE) GUIDELINES, CREATED 4/14/20

References:

1. CDC Information for Law Enforcement Personnel, published 3/14/20, <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-law-enforcement.html>
2. Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities, updated 4/9/20, <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>

Applicability of PPE by task: Facility Administrators and other Supervisors will ensure that PPE is only issued out as deemed appropriate, using the guidelines listed below:

| Task | Surgical Mask | Gloves | Face Shield | Gown / Coveralls | N95 / KN95 mask |
|---|---------------|--------|-------------|------------------|-----------------|
| General work in close proximity (within 6 feet) of others | Yes | No | No | No | No |
| Staff taking temperatures of employees at front gate | Yes | Yes | Yes | Yes* | No |
| Healthcare Staff – patient exam / treatment of non-COVID related patient | No** | Yes | Yes | No | Yes |
| General supervision of suspected / known COVID patient (prolonged contact within 6 feet), but no direct contact | No** | Yes | Yes | No | Yes |
| Transportation of known / suspected COVID patient | No** | Yes | Yes*** | Yes* | Yes |
| Healthcare Staff – patient exam / treatment of known / suspected COVID patient | No** | Yes | Yes | Yes* | Yes |
| Other hands-on interaction with known / suspected COVID-19 patient | No** | Yes | Yes | Yes* | Yes |

* Pending availability of additional gowns

** Surgical mask may be worn as a cover over N95 / KN95 mask

*** Face Shield may be removed for safe operation of vehicle.

Additional Guidance: if a specified task is not listed above, supervisors will use their judgement in determine the task above that most closely resembles the task in question, and utilize the level of PPE for that task.

Use / Reuse of PPE: staff will use the following guidelines for the use (and potential reuse) of PPE:

1. **Surgical masks (disposable):** once used by an employee, the employee can re-use for the remainder of their workday, unless it becomes wet or soiled. Disposable surgical masks should not be used for multiple days.
2. **Cloth face masks:** once issued to an employee, cloth masks can be machine laundered and reused multiple times, until they appear worn or the elastic wears out.
3. **Gloves:** gloves must be discarded after removed. Employees are required to change gloves between tasks if they are directly interacting with another juvenile / employee / visitor.
4. **Face Shields:** once issued, can be either retained by the employee, or sanitized and returned. Face shields must be sanitized between patients while in a medical setting, and at least once per shift for non-medical settings.
5. **Gowns / Coveralls:** Gowns / coveralls worn at the front gate for temperature screenings can be worn for an entire shift, but must be discarded when removed. Gown / coveralls used when working with a suspected or confirmed COVID-19 case must be removed and discarded upon completion of the task.
6. **N95 / KN95 masks:** Once issued to an employee, N95 and KN95 masks can be removed and reused by the same employee, until the mask becomes wet, soiled, or otherwise unserviceable. When storing N-95 masks, it is best to store them in a small paper bag with the employee's name written on the bag. It is also recommended that employees wearing N95 masks also wear a cloth face mask over the N95 mask. This helps to protect the N95 mask from getting wet or soiled.